Challenge TB – South Sudan

Year 2
Quarterly Monitoring Report
January-March 2016

Submission date: April 29, 2016

Cover photo: Home Health promoter during a contact investigation exercise in Mingkaman Internally Displaced Persons (IDPs)

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1. Quarterly Overview

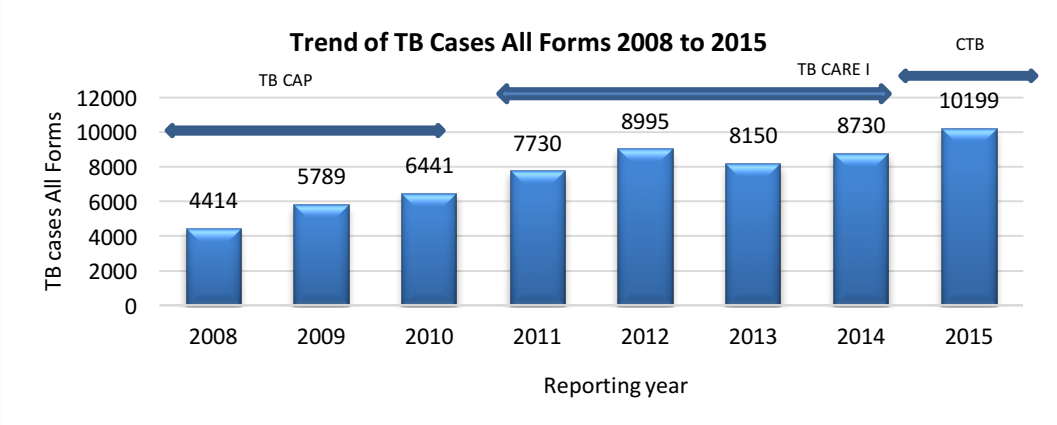
Country	South Sudan
Lead partner	Management Sciences for Health (MSH)
Other partners	
Work plan timeframe	October 2015–September 2016
Reporting period	January–March 2016

Most significant achievements: *(Max 5 achievements)*

1. Increasing TB case notifications

Challenge TB (CTB) is supporting the TB Technical Working Group (TWG) by sharing supervision plans and assigning partners to locations to conduct data verification, mentorship, and support in order to get quality reporting from health facilities (HFs). Through the CTB monitoring and evaluation (M&E) advisor, the timeliness and completeness of reporting from HFs to the central level has improved from 74% (66/87) in July–September 2015 to 80% (70/87) in October–December 2015. As a result, the case notification has increased from 1,870 cases to 2,573 cases, respectively. . In the reporting quarter, 51% (1,300/2,573) of TB case notification was contributed by CTB intervention areas (Central Equatoria [CES], Eastern Equatoria [EES], and Western Equatoria states [WES]). Nationally, there has been an increase of 26% in case notification from the 2014 baseline data.

Figure 1: Trend of TB case notification, all forms (2008–2015)

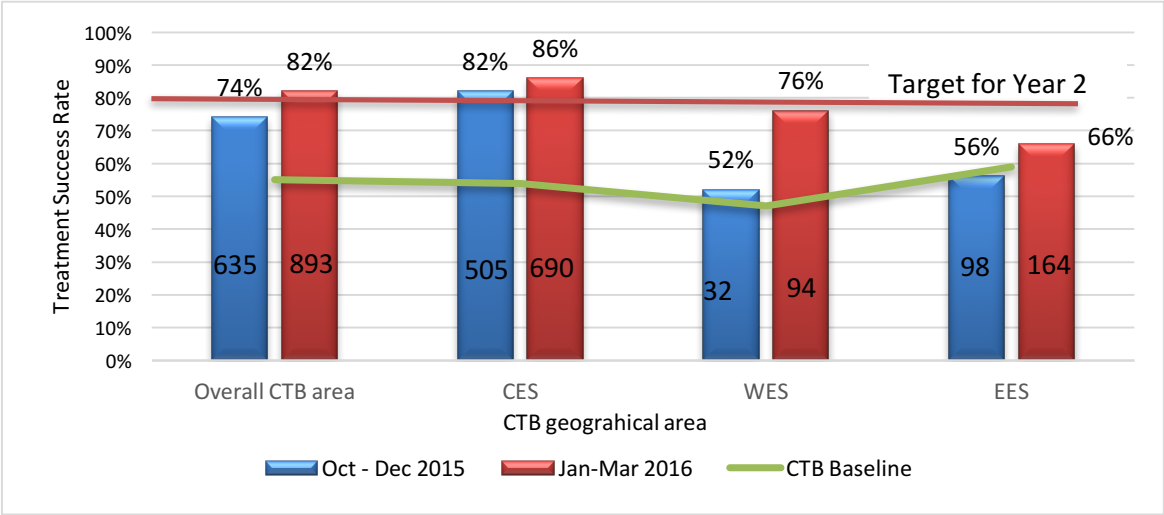


**The data for January–March 2016 is not complete due to late reporting*

2. Significant increase in treatment success rate

In the CTB intervention area, the Treatment Success Rate has improved from 74% (635/858) reported in October–December 2015 to 82% (893/1091) reported in January–March 2016.

Figure 2: Treatment Success Rate for the CTB target areas (Oct-Dec 2015)



3. *Contact investigation*

Through CTB, contact investigation has been initiated in the Lainya, Yei River, and Morobo counties in CES. From July 2015–March 2016, a total of 203 smear-positive index cases were identified and received home visits by trained community mobilizers. The contacts were screened using standard tools and forms, and presumptive TB patients were referred for diagnosis. Over 24% (537/2229) of contacts screened were referred for TB microscopy, out of which 8.4% (54/537) were bacteriologically confirmed with TB through smear microscopy. Of the remaining 483 (537-54= 483), 110 (164-54) were diagnosed with other forms of TB (23%), of which 4% were children aged 0–14 years. In total, 31% of referrals were diagnosed with bacteriologically confirmed or clinically diagnosed TB (167/537), indicating the importance and utility of contact investigations. Isoniazid preventive therapy (IPT) for children under the age of five is not routinely reported and data is not available for analysis. A summary of the findings is presented in Table 1 below.

Table 1: Summary data on contact investigation in Yei, Morobo, and Lainya counties (July 2015–March 2016)

S/N	VARIABLE	Jul–Sep 2015	Oct–Dec 2015	Jan–Mar 2016	Total
1	Number of HFs implementing contact tracing (Yei, Lainya, and Morobo)	3	3	2	8 (cumulative)
2	Number of index sputum smear positive cases diagnosed and registered	892	149	80	1121
3	Number of index case households (HH) visited and contact screened for TB	107	52	44	203
4	Number of HH contacts registered and screened	853	416	960	2229
5	Number of HH contacts registered and	69	21	48	138

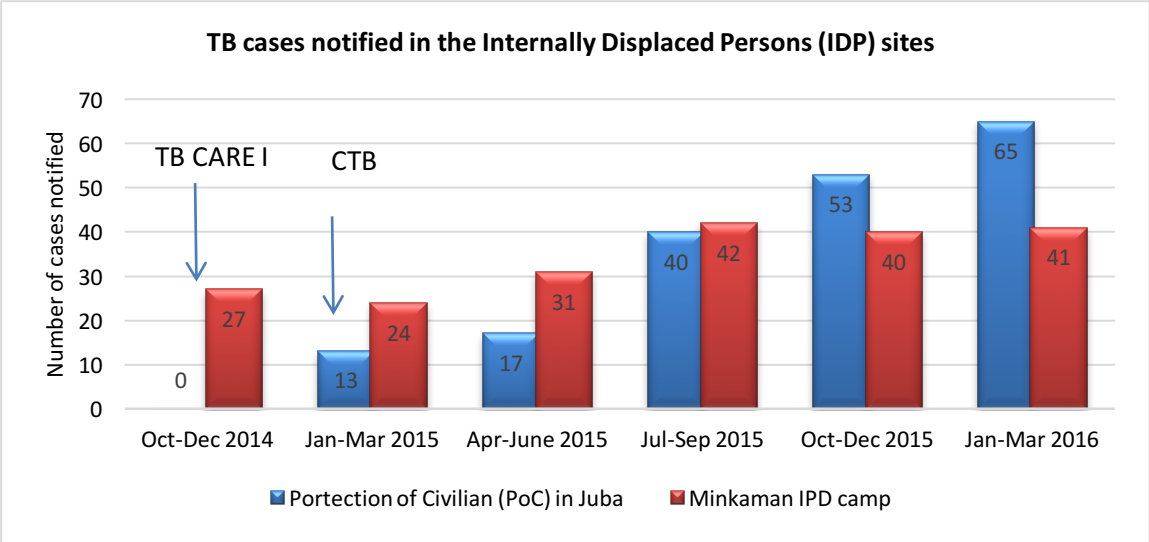
	screened for TB who are 0-14 years				
6	Number of contacts identified with presumptive TB, all ages	182	62	293	537
7	Percentage and number of HH contacts with presumptive TB, all ages	21.3% (182/853)	15% (62/416)	30.5% (293/960)	24.1% (537/2229)
8	Percentage and number of HH contacts with presumptive TB 0-14 years	15.96% (11/69?)	14.5% (3/21?)	10.5% (31/48)	32% (45/138)
9	Number of smear positive TB cases identified among the contacts	28	12	5	45
10	Percentage and number of smear positive pulmonary TB cases among contacts with presumptive TB, all ages	15.40% (28/182)	19.40% (12/62)	2% (5/293)	8.4% (45/537)
11	Percentage and number of <u>all forms of TB</u> among contacts with presumptive TB, all ages	24.70% (45/182)	33.90% (21/62)	33% (98/293)	30.5% (164/537)
12	Percentage and number of all forms of TB among contacts with presumptive TB, 0-14 years	1.65% (3/182)	8.10% (5/62)	1.02% (3/293)	2.04% (11/537)
13	Number of child contacts, 0-14 years without active TB	8	16	1	25
14	IPT initiated among eligible contacts 0-14 years (%)	Data not available	Data not available	Data not available	Data not available

4. Provision of services to displaced populations

Through CTB support, quality TB services are more accessible to displaced populations. An assessment of health services was conducted in Juba Protection of Civilians (PoC) and Mingkaman internally displaced persons (IDP) camp to identify unmet needs. Through collaboration with partners and the National TB Program (NTP), 45 health care workers (HCWs) were trained on TB diagnosis and case management. Community health workers were also trained on TB basics,

identifying presumptive cases, referral for diagnosis, and follow-up care for TB patients to ensure treatment adherence. Through NTP, and in collaboration with partners, CTB has procured and delivered lab equipment, preparation of TB lab reagents and supplies, and quantification of TB drugs. Monitoring and supervision are regularly conducted jointly with NTP. The quality of TB laboratory services has been monitored by including the labs Mingkaman IDP camp and Juba PoC site in the External Quality Assessment (EQA) network. Cumulatively, 393 TB cases have been diagnosed and enrolled on treatment within the intervention area since October 2014. Additionally, a framework "Tuberculosis Prevention, Care and Control among Refugees and Internally Displaced Populations in South Sudan" was developed to ensure access to TB prevention, care, and control services for IDP camps in South Sudan.

Figure 3: TB case notification in the IDP sites (Oct 2014-Mar 2016)



Technical/administrative challenges and actions to overcome them:

Challenges	Actions
• Increased violence on the roads is restricting movement; this might continue to affect the implementation of activities in the Year 2 work plan	• Maximize the use of community-based organizations (CBOs) on the ground
• High turnover of trained TB community mobilizers, which might continue affecting contact investigation exercises in Yei, Morobo, and Lainya counties	• Strengthen community involvement and participation through CBO engagement
• Phase-out of ISDP, the lead implementing partner in CTB intervention areas; this has left a gap in terms of staffing	• Train new TB cadres at the HF level
• Contact investigation reporting rate has deteriorated compared to the previous quarter due to insecurity in Morobo County, and most of the mobilizers are not able to do voluntary work	• The CBOs will recruit Home Health Promoters (HHPs) in Yei and Morobo to do contact investigation
• Poor recording of TB suspected cases referred by TB community mobilizers in the laboratory and TB management unit (TBMU) registers	• CTB is working with NTP, State Ministry of Health (SMOH) and County Health Department (CHD) to enforce integration policy for TB services
• Poor integration of TB services into public HFs	
• Difficulties in accessing facilities involved in EQA	• Support travel of state/county TB focal persons in collecting and sampling slides for EQA during supervisory visits

	• Decentralization of EQA activities at state level
• Stock-out of pediatric anti-TB drugs in the country has affected TB treatment in children from January to March 2016	• Engaging UNDP to expedite the process of acquiring pediatric anti-TB drugs which are being procured by NTP through GF.
• Delayed development of childhood TB guidelines has stalled the process of initiating IPT in children in South Sudan	• In the process of developing childhood protocol through support of the Global Fund
• Drop in the treatment success rate in WES due to increased insecurity within the state.	• Work closely with the State MOH and State TB coordinator and with support of GF to conduct quarterly review meetings at the state level where reports from counties and health facilities will be shared.

Summary milestone data as of March 2016

Total # of milestones expected by Q2 (cumulative for Oct 15–Mar 16)	Milestones **met** by Q2 (cumulative for Oct 15–Mar 16)		Milestones **partially met** by Q2 (cumulative for Oct 15–Mar 16)		Milestones **not met** by Q2 (cumulative for Oct 15–Mar 16)	
N	#	%	#	%	#	%
34	3	8.8%	22	64%	1	2.9%

2. Year 2 activity progress

Sub-objective 1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially met, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct–Dec 2015	Jan–Mar 2016	Apr–Jun 2016	Year End	Oct 2015–Mar 2016		
Endorsement and dissemination of finalized national documents (National Strategic Plan [NSP], annual plan, guidelines, manuals, standard operating procedures [SOPs])	1.1.1	Validation workshop	Validation completed NTP documents printed and disseminated			The key documents developed include NSP, framework for TB prevention, care and control in emergency, and TB policy guidelines. Others include HHP manuals, SOPs, and job aides. These documents have been presented to NTP and forwarded to the Undersecretary for endorsement.	Partially met	The NTP has not received feedback from the Office of the Undersecretary. The Deputy Project Director is fast-tracking the process of endorsement of the documents.
Develop implementation plan for the NSP	1.1.2	Consultant recruited, consultative meeting conducted	Finalized and disseminated implementation plan			The consultant has been contacted and availability was confirmed for April 2016. The consultant was connected with NTP and is awaiting their concurrence.	Partially met	The consultant is available, but a consultative meeting has not yet been conducted. However, this technical assistance (TA) is linked to the endorsement of the NSP, which is still pending.

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially met, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct–Dec 2015	Jan–Mar 2016	Apr–Jun 2016	Year End	Oct 2015–Mar 2016		
Develop a National TB	2.1.1	Consultative and TWG	NTLSP finalized,			The statement of work (SOW) has been shared with	Partially	The Director General National Public Health Lab

Laboratory Strategic Plan (NTLSP) 2015–2019 (aligned to the broader TB NSP)		meetings conducted	validated, finalized, printed, and disseminated			the consultant and the deliverables have been agreed upon. Based on the consultant's view, the development of a TB lab strategic plan will be conducted after the TB laboratory manual has been reviewed, which is planned for April 2016. This will be followed by development of the TB lab strategic plan in June 2016.	met	does not recommend a separate TB lab strategic plan, but rather suggests that it be part of the Public Health Lab Strategic Plan. The way forward will be discussed during the planned TA by the consultant April 11-22, 2016 (see activity 2.2.4).
Annual action plan for laboratory developed for the period 2016–2017	2.1.2		Lab annual plan developed, printed, and disseminated			This activity is linked to activity 2.1.1 above. The Annual Action plan will be extracted from the National TB Strategic Plan, once endorsed.	Partially met	See activity 2.1.1 above.
Integrate TB laboratory services into the functional Primary Health Care Centers (PHCCs)	2.1.3	HFs identified, solar system installed	LED microscopes procured, lab training conducted	30 support supervisions conducted	30 support supervisions conducted	Fourteen (12 in CES and 2 in EES) laboratories at the PHCC level have been assessed for integration of TB diagnosis using a standardized assessment tool. Among the 14 laboratories, 12 (10 in CES and 2 in EES) met the minimum criteria for integration TB diagnosis. Three LED microscopy trainings have been conducted with a total of 26 lab staff participating as follows: • First training in Juba – 8 (1 female, 7 male) targeting CES • Second training in Wau – 11 (1 female, 10 male)	Partially met	Through GF, the revised TB registers will be printed and distributed. However, this is still pending because the revised recording and reporting (R&R) tools pending endorsement by the MOH. Meanwhile, the CTB will print a few previously used R&R tools for the newly established laboratories to ensure continued TB lab services. The distribution of the LED microscopes is delayed due to criteria the NTP was using for labs to qualify for LED microscopy which required that the LED microscopes be distributed to high volume and high workload labs. The criteria has been revised to

						targeting Greater Bahr el Ghazal • Third training in Juba – 7 (2 female, 5 male) targeting Greater Equatoria, especially where there is insecurity Thirteen LED microscopes have been distributed as follows: • 5 in CES, 3 in WES, 2 in EES, 2 in Northern Bahr El Ghazal State, and 1 in Western Bahr El Ghazal State During the distribution of starter kits and lab reagents, 39 lab technicians were mentored on TB microscopy.		include any functional TB microscopy center with a relatively high TB microscopy workload. Training and distribution of the microscopes will be accelerated in Q3. The target is to distribute the remaining 27 microscopes (among them, 10 procured under the TB CAP project). Distribution plan has been drawn for 26 LED Microscopes to be distributed by end of June 2016.
Peripheral lab staff and county focal person trained on EQA and sampling of slides, respectively	2.2.1	30 lab technicians trained, 25 county focal persons trained	25 support supervisions conducted	25 support supervisions conducted	25 support supervisions conducted	In order to decentralize EQA activities, laboratory technicians and county TB focal persons have been trained on EQA, particularly on randomization of slides. In total, 34 HCWs (3 female, 31 male) were trained (over 3 days) from the following locations: • 20 (15 lab technicians, 5 TB focal persons) from CES • 14 (12 lab technicians, 2 TB focal persons) from EES The cumulative number of laboratories involved in EQA has increased to 38, but	Partially met	Insecurity has hampered access to HFs for EQA in WES, part of CES, and part of EES; poor road networks have limited access to HFs; and lack of human resource capacity for EQA activities has limited sampling of slides for EQA. Actions to address these challenges include decentralization of EQA to state/county hospitals by building the capacity of HFs and county health department staff; mentorship and supervision from central to lower levels; and supporting transport and lunch for EQA focal

						only 26 laboratories were reached during the reporting period. Out of the 26 labs, 21 (80.8%) demonstrated 100% concordance.		persons at county/state levels starting from Q3.
Quarterly review meetings for laboratory personnel and country focal persons conducted	2.2.2	3 quarterly review meetings conducted	3 quarterly review meetings conducted	3 quarterly review meetings conducted	3 quarterly review meetings conducted (12 meetings in total for the year)	Quarterly meetings were started in Q2 to review lab performance for the previous quarter and address any challenges. In Q2, two quarterly review meetings were conducted each in CES and EES. Twenty (15 lab technicians and 5 TB focal persons) from CES and 14 (12 lab technicians and 2 TB focal persons) from EES participated in this two-day review meeting. During the meetings, the TB laboratory provided feedback on the EQA. Reasons identified for major errors included which quality of reagents (e.g., carbolfuchsin) were used, workload, human error, SOPs not being followed. The major issues were addressed through discussion and training conducted under activity 2.2.1.	Partially met	Due to insecurity, the planned Quarterly Review meeting for WES was cancelled. However, efforts will be made to have the meetings as planned for Q3.
County focal person involved in slide randomization	2.2.3	6 counties supported in slide collection	8 counties supported in slide collection	10 counties supported in slide collection	11 counties supported in slide collection	TB county focal persons from 7 counties (CES: 5, EES: 2) have been trained in EQA, with emphasis on randomization of slides	Partially met	

collection for EQA						(activity 2.2.1). The roll-out action plan was developed to cover EQA activities for Q2 (Jan–Mar).		
Support revision and update of the existing TB laboratory manual by lab TWG	2.2.4		Manual updated, printed, and disseminated			The TA will be provided by Dr. Alaine, Senior TB Lab Technical Advisor for MSH, April 11-22, 2016. The consultant will work with the TB lab TWG, which will support the review process. The final draft of the revised lab manuals will be available by the end of the TA.	Partially met	The TOR was developed and Travel Notification approved by the Mission. The TA concluded on April 22, 2016.
Support sample referral from peripheral facilities to Central Tuberculosis Referential Laboratories (CTRLs) and GeneXpert sites	2.3.1	Services outsourced and transporter and HCWs oriented	Triple packaging containers procured	Sample transport system functioning	Sample transport system functioning	GeneXpert algorithms were developed and 18 HCWs from Juba County were sensitized on the use of the algorithms. Three CTRL staff were trained on the use of Xpert and data management. Boda Boda services were sourced to transport samples from the TB labs within Juba to CTRL for expert testing. For Jan–Dec 2015, 982 samples were transported from TBMU to the GeneXpert testing site at CTRL. From Jan–Mar 2016, only 7 samples were transported. This is due to stock-out of cartridges.	Met	The transportation of samples has been suspended due to stock-out of cartridges. GF, through the United Nations Development Program (UNDP), placed an order in November 2015, but the supply has not been received. CTB is actively following up with the program manager for TB at UNDP. CTB is seeking a potential source of funds to cover the gaps.

Photo 1: Practical session during LED training conducted in Juba in March 2016

Photo 2: Random sampling of slides during EQA training in Yei for CES

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially met, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct–Dec 2015	Jan–Mar 2016	Apr–Jun 2016	Year End	Oct 2015–Mar 2016		
Support revision of SOPs and tools for contact investigation	3.1.1	SOPs and tools revised and printed	SOPs and tools distributed			Quote opening was conducted, one vendor was selected, and a purchase order has been signed. Draft SOPs were developed for contact investigation.	Partially met	Printed copies will be produced by the first week of April. Distribution is planned for the third week of April.

Support implementation of contact investigation among index cases in four counties in CES	3.1.2	80 HHP trained	80 HHP trained, technical oversight provided	Contact investigation conducted in 4 counties	Documentation of the contact investigation	Identified 159 HHP through county health departments and implementing partners (Juba: 40, Yei: 40, Lainya: 40, and Morobo: 39).	Partially met	Process of CBO recruitment has delayed the training of the identified HHPs. Road map for CBO recruitment has been finalized waiting for signing of sub award contract. CBOs are expected to train the HHPs by the end April 2016.
Integration of TB services into 45 general health care facilities (PHCCs/primary health care units(PHCUs) in 3 states	3.1.3	45 HCWs trained, 15 HFs providing TB treatment	45 HCWs trained, 30 HFs providing TB treatment	45 HFs providing TB treatment	45 HFs providing TB treatment	Cumulatively 17 new TB treatment centers have been established through support of CTB in 3 targeted states bringing the total to 50 TB treatment centers from a baseline of 33 in 2015. Seventeen HCWS (12 male, 7 female) were trained on TB treatment protocols. TB treatment was provided to 40 TB patients (23 male, 17 female) who were linked to these new centers.	Partially met	Training of HCWs from newly established TB treatment centers on the basics of TB monitoring and treatment outcomes is planned from April 18-21, 2016.
Refresh, train, and mentor HHPs and implement partners on basics of TB care for IDPs	3.1.4	45 HCWs trained/ refreshed	3 support visits	3 support visits	3 support visits	A three-day onsite refresher training on TB case management and contact investigation was conducted and attended by 34 participants (19 clinicians/nurses, 15 HHPs). Two technical support visits and mentorship on TB was provided to 11 HCWs (6 clinicians, 5 nurses) in the Mingkaman Hospital and Juba PoC clinic. As a result, 39 new TB cases were notified (smear	Partially met	The training of HCWs in Bentiu was not conducted because the staff could not travel due to insecurity in the town. A joint assessment will be conducted and this will be followed by training for both HCWs and HHPs from April 25– 29, 2016. The assessment team will include the International office for Migration (IOM)/ NTP and MSH.

						positive: 22, smear negative: 8, Extra pulmonary TB: 7) in the months of January–February 2016.		
World TB Day	3.1.5		World TB Day commemorated			CTB hosted a radio talk show on Miraya FM and Eye FM radio stations. CTB also provided technical support to the International Medical Corps (IMC) in organizing World TB Day.	Met	Printing of TB shirts, banners, and caps was delayed due to logistical challenges. However, T-shirts and caps printed for community mobilizers were distributed during World TB Day.
Support introduction of patient kits in 45 HFs in 3 states	3.2.1			40 drug shelves procured and distributed	80 HCWs trained (pharmacist)	CTB is decentralizing TB treatment to PHCC/PHCU. Drug shelves procured during Year 1 were distributed to 12 newly established treatment centers in CES. An additional 40 drug shelves will be procured and distributed in Q3. This will be followed by the training of pharmacists on the proper storage of drugs.	Partially met	The drug are re-parked for each patient being transferred to continue with treatment in the nearest HF. The staff in the respective HF are trained on-job on how to administer and follow up the patients. Procurement of TB patient kits through GF was delayed, as TB drugs are now packed in blisters and labeled with the name of the patient.
Support implementation of proper referral linkage from the community to PHCC/PHCUs using CBOs and community structures in the three states	3.2.2	4 sub-awards signed, mobilization equipment procured, quarterly meeting with CBOs held	Quarterly meeting with CBOs	Quarterly meeting with CBOs	Quarterly meeting with CBOs	The sub-awards have been given to four CBOs (MRDA, ART, SPEDP, and YMC). An orientation workshop is planned for April 18-19, 2016, which will be followed by the training of trainers (April 25 – 29) who will cascade the training for HHPs in their respective locations. Mobilization equipment has been procured, including	Partially met	CBOs received awards or contracts; award results were shared with NTP; CBOs were introduced to NTP, STBC, and CHDs; a workshop was conducted orienting CBOs to the SOW for community-based TB directly observed treatment, short-course (DOTS) implementation; and approved CBO work plans and budgets were discussed

						motorcycles, which will be distributed during the orientation workshop.		with CBOs. CBOs received TOT training on the basics of TB community linkages with HHPs.
Support community groups in Yei, Lainya, and Morobo counties to identify and refer presumptive cases, as well as follow patients on treatment for adherence	3.2.3	Motorbikes procured, three meetings conducted, airtime distributed	3 meetings conducted, airtime distributed	3 meetings conducted, airtime distributed	3 meetings conducted, airtime distributed	Ten motor bikes were procured and tax exemption was obtained for 2 vehicles and 10 motor bikes. The shipment process will start immediately. Motorbikes will be distributed as follows: • 4 to CBOs (1 to MRDA, 1 to SPEDP, 1 ART, and 1 YMC) • 6 to county TB focal persons (Juba: 1, Yei: 1, Morobo: 1, Mundri: 1, Lainya: 1, and Mingkaman CHD: 1) Quarterly review meetings have been conducted for TB community mobilizers in Yei, Lainya, and Morobo Counties as follows: • Q1: 54 ((35 males, 24 females) • Q2: 40 (15 female, 25 male) TB community mobilizers (Yei: 10, Lainya: 27, and Morobo: 13) Airtime was distributed to the active members during the quarterly review meetings.	Partially met	The community TB care in Morobo and Yei will be handed over to the CBOs recruited in these areas. However, Lainya will continue to get direct support from CTB.

Photo 3: A patients accompanied by the community mobilizer (with a bag) arrives in Yei Civil Hospital on a "boda boda"

Photo 4: Senior M&E Advisor, Martha Awet, handing over community mobilization materials to a Lainya County Health Officer

Photo 5: Health education being provided to household contacts during contact investigation in Mingkaman IDP camp

Photo 6: Clinician and nurses from Mingkaman IDP hospital during TB training

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially met, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct–Dec 2015	Jan–Mar 2016	Apr–Jun 2016	Year End	Oct 2015–Mar 2016		
Support development of facility-based tuberculosis infection control (TBIC) plans	5.2.1	5 county hospitals have TBIC plans, posters, and SOPs	10 county hospitals with TBIC plans, 5 county hospitals	15 county hospitals with TBIC plans, 10 county hospitals	All 15 hospitals with TBIC plans are supervised	The consultant is in the country to support the development of TBIC plans for Juba Teaching Hospital (April 18-19, 2016) and update the SOPs and job	Partially met	Introduce the components of the TBIC plan in one hospital. The lessons learned will be used to roll out the TBIC plan

		printed	supervised	supervised		aides for TBIC. A workshop is planned for Juba Teaching Hospital, which is the referral hospital in South Sudan.		to other state and county hospitals.

Sub-objective 6. Management of latent TB infection								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially met, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct–Dec 2015	Jan–Mar 2016	Apr–Jun 2016	Year End	Oct 2015–Mar 2016		
TB screening among child contacts and initiate IPT for children without TB in the three states	6.1.1		Protocols printed, 90 HCWs trained	Technical oversight		The childhood TB guidelines have been delayed. The development of guidelines and training material will be supported through GF. The consultant has been identified. TA has been postponed to May 2016. Training of HCWs will follow the development of the guidelines.	N/A	This TA is linked to the GF grant and completion of the activities will follow the development of the guidelines.

Sub-objective 7. Political commitment and leadership								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially met, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct–Dec 2015	Jan–Mar 2016	Apr–Jun 2016	Year End	Oct 2015–Mar 2016		
Support the engagement of the private sector in TB control in the three states, starting with Juba City	7.2.1	Consultative meeting conducted	Mapping of health care providers, training of HCWs from the private	Support supervision and mentorship	Support supervision and mentorship	CTB mapped 26 private HFs in Juba City (out of which 17 HFs are capable of integrating TB services), and conducted feedback meetings with private health providers.	Partially met	There is no public - private mix guideline in South Sudan. There is a lack of urban DOT coordination

			sector					mechanisms. Sensitize health care workers and health care providers on referral linkage between private HC and TBMU.

Sub-objective 8. Comprehensive partnerships and informed community involvement								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially met, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct–Dec 2015	Jan–Mar 2016	Apr–Jun 2016	Year End	Oct 2015–Mar 2016		
Monitor trends in non-USG funding sources among the partners implementing TB control	8.1.1				CBOs operating budget analyzed		N/A	
Facilitate implementation of activities tied to the GF indicators	8.2.1				GF rating		N/A	

Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Support implementation of electronic TB register (eTBr) in 10 selected counties in 3 states	10.1.1	Procurement complete	15 HCWs trained	10 HFs supervised	10 HFs supervised	Six county TB focal persons have been identified. Procurement of tablets for the TB focal person will commence in Q2 (procurement request already done).	Partially met	Identification of focal persons at the county level is ongoing; awaiting confirmation letters from the County Health Department.

						SOW for the consultant is developed and the hiring process is underway.		
Set up server at central level	10.1.2	Procurement complete	Server at NTP central level operational			Procurement of assorted items for setting up server (SQL Server 2014 – standard, desktop 500GB HDD, 4GB RAM, UPS, domain name, SSL certificate, SMS alert, router, shelves, Windows server 2012) will be carried out in Q2.	Partially met	Procurement process is in progress (procurement request has been done).

Sub-objective 11. Human resource development								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially met, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct–Dec 2015	Jan–Mar 2016	Apr–Jun 2016	Year end	Oct 2015–Mar 2016		
Provide support for NTP staff to participate in International Tuberculosis Course	11.1.1			Report with recommendations for the functioning of NTP	Priority recommendations implemented and reported	Two participants from the NTP (central and state level) have been selected to participate in the training scheduled for May 2016.	Partially met	
Facilitate peer-to-peer learning program for state TB coordinators to improve performance by sharing best practices	11.1.2	Report with identified best practices and work plan for NTP at the state level	Work plan implementation started and reported			The exchange visit for the state TB coordinator from Central Equatoria State and Norther Bharl Gazal State has been delayed due to insecurity	Not met	Insecurity in the country has resulted in a delay in this activity's completion. The activity will be rescheduled once the security situation improves.
Participate in 2015 World TB Conference	11.1.3	Cape Town Union conference		Topics identified	Abstracts drafted	CTB supported the Country Project Directors (Dr. Stephen Macharia) and Deputy NTP Manager (Dr.	Met	

		participation				Joseph Lou) to participate in the Union conference on Lung Health in Cape Town, South Africa.		

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of the Grant & Principal Recipient (i.e., TB New Funding Model (TFM)-MOH)	**Average Rating***	**Current Rating**	**Total Approved Amount**	**Total Disbursed to Date**	**Total Expensed** (if available)
TB NFM (SSD-T) - UNDP	N/A	N/A	$ 15.5M	$ 0 M	
TB/HIV TFM (SSD-708-G11-T) - UNDP	B1	B1	$ 18.7M	$ 18.7M	
TB Round 5 SSD-506-G06-T-UNDP	A2	A1	$ 22.9M	$ 22.9M	
SSD-202-G02-T-00-UNDP 7	N/A	N/A	$ 14.0M	$ 14.0M	
Total	**A2**		**$ 71.2 M**	**$ 55.7M**	

** Since January 2010*

In-country GF status: Key updates, current conditions, challenges, and bottlenecks

- South Sudan is classified as a non-Country Coordinating Mechanism (CCM) country with UNDP as the prime recipient (PR). Although the PR does not require CCM approval, they are working closely with interim CCM and updating them regularly.
- The PR to the GF (UNDP) has signed a letter of agreement with the sub-recipients. Two new sub-recipients have been recruited, including IMC and the Catholic Organization for Relief and Development Aid. The contracts were signed in April 2016 and activities are expected to commence as soon as possible. This will introduce an increase in TB services coverage in South Sudan, especially in hard-to-reach areas.
- The first-line drugs procured through UNDP have arrived in country. However, there is a shortage of slides for smear microscopy. Additionally, there has been a delay in the delivery of cartridges for GeneXpert testing, which were due in April 2016.
- The construction work in the CTRL is complete and negative pressure has been installed. Testing of the negative pressure is pending. Delays in the procurement of furniture have halted the installation of biosafety cabinets and other equipment.
- The GF portfolio manager for South Sudan has been deployed to another country and currently the country has a new portfolio manager. The Country GF Coordinator is also new to South Sudan.

CTB & GF: CTB involvement in GF support/implementation and actions taken during this reporting period

- CTB is the secretariat to the TWG and is convening monthly meetings where activity implementation has been harmonized and tasks shared among partners. The notes and action points are share and progress reported in the next meeting.
- CTB has worked to take stock of slides from HFs, reallocating slides from locations with a surplus to those with shortages. This has alleviated shortages, which are being experienced in the country.

4. Success Stories – Planning and Development

Planned success story title:	Strengthening TB Contact Investigation in South Sudan
Sub-objective of story:	4. Targeted screening for active TB
Intervention area of story:	3.1. Ensured intensified case finding for all risk groups by all care providers
Brief description of story idea:	

Ayuen Alier (right), a TB patient seated with Mawut Panchol (left), a Community Health Worker who encouraged him to seek treatment at a TB Management Unit at Mingkaman in

TB is one of the emerging causes of morbidity and mortality in South Sudan's crowded settlements, which sprung up two years ago to accommodate the thousands of people displaced by war.

After fleeing their homes in conflict-affected states, many Internally Displaced Persons (IDPs) sought refuge in crowded camps, including United Nations (UN) bases across the country. The IDPs are housed in makeshift tents crowded with mobile family members (moving from one household to another) a high turnover and making it difficult to undertake contact investigation.

Mawut Panchol, a 25-years-old and works in Mingkaman IDP camp in South Sudan's Eastern Lake State as a community health worker. Mingkaman is home to over 100,000 IDPs from Jonglei State. Mawut's job involves sensitizing camp residents and hosting community workshops about TB so that residents are able to recognize the signs and symptom of TB and seek medical treatment.

Each day, Mawut visits the camp and surrounding villages to deliver messages relating to TB, signs and symptoms, modes of transmission, and the availability of free screening and treatment. After successfully delivering these messages, Mawut directs his audiences to visit one of the two TB Management Units (TBMUs), supported by non-governmental organization partners, should they experience TB signs and symptoms.

"People who have not heard about TB often ask for information. Some of them want to know whether TB can kill or not," says Mawut.

Mawut's work has been a huge success. In 2015 alone, he directed five persons with presumptive TB to a TBMU for diagnosis; all 5 were diagnosed with TB and initiated treatment. One of the patients, Ayuen Alier, has completed the recommended six months of TB treatment. Ayuen is well on his way to recovery.

"I am doing a good job, helping my community, and am also happy that we have an organization helping our people." says Mawut.

Peter Alier Manyang, Mingkaman County Health Director, believes that the prevailing community perception of TB as a hereditary disease is discouraging TB suspects from seeking treatment.

"People are afraid of coming for a TB test due to fear of being found positive and possibly isolated in the community. There is so much stigma attached to TB; people tend to avoid marrying from families with a history of TB. It's important to equip community health workers with the right knowledge and skills so that they can spread the message that TB is a curable disease," says Peter Alier Manyang.

Community health workers help to counter negative perceptions by providing relevant information on TB. In order to accomplish this goal, Challenge TB delivered a two-day refresher training in February 17, 2016, in Mingkaman to increase the number of TB cases being found through effective TB contact investigation by community health workers. The same training was also delivered inside the UN base in Juba.

Planned success story title:	Resuming TB treatment after a disruptive conflict
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	1.3. Demand side: Health seeking behavior improved for types of services

Brief description of story idea:

Seated on a bench among other patients, Elizabeth Joseph, a-28-year-old mother of three children, looks healthy and happy. Elizabeth visited the Munuki PHCC TBMU in Juba County, South Sudan, in January, 2016, to collect her TB drugs after stopping treatment for TB five months ago.

Although Elizabeth started TB treatment at Munuki PHCC in January 2015, she discontinued treatment following a visit to the war-ravaged city of Bentiu to rescue her mother, who had been trapped inside the UN PoC since the outbreak of the South Sudan conflict in December 2013. Thankfully, she found her mother, but they couldn't leave the city until it was safe. In Bentiu, Elizabeth started coughing again, an indication that she was not completely cured of TB. She searched for TB drugs to complete the prescribed six-month treatment, but she couldn't find any within the PoC. Elizabeth was afraid to leave the PoC to search for drugs because the town was too insecure. In January 2016, she returned safely to Juba with her mother. On January 5, 2016, she went to the Munuki PHCC Management Unit to restart her TB treatment.

Munuki TBMU, located in South Sudan capital, Juba, is one the priority health clinics where MSH, USAID's implementing partner for the Challenge TB project in South Sudan, supports the state TB program to improve TB case management and treatment outcome among TB patients. In the Munuki PHCC TBMU, 189 TB patients out of 922 (20%) failed to complete their TB treatment between 2013 and 2015 (due to conflict in country).

While Challenge TB is still in the process of identifying community mobilizers in Juba County, the organization is already working with community mobilizers in Lainya, Yei, and Morobo in CES to raise awareness, identification, and referral of TB suspects to the nearest TBMUs. In the last quarter of 2015, Challenge TB trained 46) community health workers in the PoC site in Juba UN House and IDP camp in Mingkaman, Lakes State. In addition, Challenge TB trained 16 health care workers in Juba UN House and 34 in Mingkaman IDP camp on TB diagnosis and case management in the context of an emergency.

Elizabeth is grateful to the health workers in Munuki PHCC for making it possible for her to restart her treatment and find the necessary information about completing TB treatment. Elizabeth's case highlights the plight of many TB patients who remain trapped in conflict-affected areas with no access to TB care and basic health services. Challenge TB is supporting the National TB Program in the development of a framework for TB prevention, care, and control among refugees and internally displaced populations. The completion and operationalization of this framework will help to ensure the integration of TB services into emergency interventions targeting Internally Displaced Persons.

5. Quarterly reporting on key mandatory indicators

Table 5.1 Multidrug-resistant TB (MDR-TB) cases detected and initiating second-line treatment in country (national data)

Quarter	Number of rifampicin-resistant TB (RR-TB) or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2010	2	0	Twenty-three MDR-TB cases were confirmed through culture and drug susceptibility testing (DST) in Nairobi between 2010 and 2016. Out of 20 MDR-TB cases detected in 2015, 17 (RR-TB) were detected through GeneXpert testing. Samples are transported to Nairobi for culture and DST. The CTRL section of the Public Health Laboratory (PHL) has been redesigned to serve as a level II laboratory. Negative pressure has been installed, pending testing. It is anticipated that culture and DST will be available by August 2016. The cartridges have been out of stock since January 2016 and only 17 samples were tested using GeneXpert in the reporting quarter. With the support of USAID through WHO, the programmatic management of drug-resistant TB (PMDT) guidelines are under review. The training material and SOPs will be developed, a section of the TB ward in Juba Teaching hospital will be renovated, and staff will be sent to Rwanda for hand-on training. Through GF, the second-line drugs will be procured.
Total 2011	2	0	
Total 2012	8	0	
Total 2013	4	0	
Total 2014	3	0	
Total 2015	20	0	
Jan–Mar 2016	1	0	
Apr–Jun 2016			
Jul–Aug 2016			
To date in 2016	40	0	

Table 5.2 Number of pre-/extensively drug-resistant TB (XDR-TB) cases started on bedaquiline (BDQ) or delamanid (DLM) (national data)

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014			NTP, with support from partners, is in the process of reviewing the guidelines. Due to country capacity for PMDT, the consultants recommend that the country use the standard second-line regimen and
Total 2015			
Jan–Mar 2016	N/A	N/A	
Apr–Jun 2016	N/A	N/A	

Jul–Aug 2016	N/A	N/A	use the lessons learned from the operational research of new regimens being implemented globally.
To date in 2016	N/A	N/A	

Number and percent of cases notified by setting (e.g., private sector, prisons) and/or population (e.g., gender, children, miners, urban slums) and/or case finding approach (CI/ACF/ICF)

		Reporting period					Comments
		Oct–Dec 2015	**Jan–Mar 2016**	**Apr–Jun 2016**	**Jul–Sept 2016**	**Cumulative Year 2**	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area *(List each CTB area below - i.e., province name)*						The CTB geographical focus is in the three state of CES, WES, and EES. Reporting has improved compared to the previous quarter, but access to some in WES and EES ha been a challenge due to insecurity in the country. CES has been limited to 5 out of 6 counties due to insecurity.
	Central Equatoria State (CES)	**996**	**962**				
	Eastern Equatoria State (EES)	**70**	**258**				
	Western Equatoria State (WES)	**13**	**80**				
	TB cases (all forms) notified for all CTB areas	**1,079**	**1,300**				
	All TB cases (all forms) notified nationwide (denominator)	**1,870**	**2,573**				
	% of national cases notified in CTB geographic areas	**58%**	**50%**				
Intervention (setting/population/approach)							
Contact investigations	CTB geographic focus for this intervention						The contact investigation in Morobo County has been affected by insecuri in the area during the reporting period.
	Yei County	**13**	**1**				
	Lainya County	**1**	**4**				
	Morobo County	**7**	**0**				
	TB cases (all forms) notified from this intervention	**21**	**5**				
	All TB cases notified in this CTB area (denominator)	**192**	**102**				
	% of cases notified from this intervention	**10.9%**	**5%**				
Community referral	CTB geographic focus for this intervention						Twenty-five TB cases wer referred from the community in Yei county, of which 18 were smear positive, 5 smear negativ one extra pulmonary, and
	Yei County	**37**	**25**				
	Lainya County	**16**	**5**				
	Morobo County	**9**	**0**				
	TB cases (all forms) notified from this intervention	**62**	**30**				

	All TB cases notified in this CTB area (denominator)	**192**	**102**				one smear was not done. In Lainya, four smear positive and one smear negative case were reported. The report for Lainya County was delayed due insecurity in the region.
	% of cases notified from this intervention	**32%**	**29%**				

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	MSH	Lucie Blok	x				1.Develop an implementation plan for the NSP	Pending			NTP in consultation to provide a tentative time when this TA can be planned for Q3
2	MSH	Alaine Nyaruhirira		x			1. Develop a National TB Laboratory Strategic Plan 2015–2019 (aligned to the broader TB NSP) 2. Design a plan to support NTP to achieve microscopy network accreditation according to WHO guidelines and recommendations	Pending			Consultant is available during Q3
3	MSH	Alaine Nyaruhirira			x		1. Support the revision and updating of the existing TB laboratory manual, including development of SOPs for TB reference laboratory	Pending	April 22, 2016	10 days	Debriefing scheduled for April 21, 2016
4	MSH	Berhane Assefa			x		1.Support the development of facility-based TBIC plans	Pending	April 26, 2016	14 days	combined with TA to support the engagement of private sector (TA no.6)
5	MSH	Berhane Assefa			x		1. Support the program to adopt two tools for screening TB among child contacts 2. Support the program's initiation of IPT for children	Pending			
6	MSH	Berhane Assefa			x		1. Support the program to engage private sector in TB control in Juba City 2. Facilitate a sensitization workshop on TB for doctors in Juba City	Complete	April 26, 2016	14 days	Combined with TA no. 4.

7	MSH	Micah Mubeezi			x		1. Set up the server and install the software in the tablets/computer (5 days) 2. Train HCWs on the use of eTBr for TB focal persons in 10 selected counties (3 days) 3. Customization of the software into local context and follow up (10 days)	Pending			To be completed in Q3
8	MSH	Berhane Assefa				x	1. Development of Year 3 work plan and budget	Pending			To be completed in Q4
9	MSH	Rachel Klemmer				x	1. Support development of Year 3 work plan and budget	Pending			To be completed in Q4
10	MSH	Matt Iwanowicz			x		1. Project oversight on financial management and operation, with emphasis on CBOs	Pending			Moved forward from Q4 to Q3
11	MSH	Edward Bepo (Deputy Director)			x		1.The annual country directors meeting for one country director	Pending			
12	MSH	Martha Anthony			x		1.The annual country directors meeting for one M&E officer or the deputy country director	Pending			
Total number of visits conducted (cumulative for fiscal year)											
Total number of visits planned in approved work plan											
Percent of planned international consultant visits conducted											

7. Quarterly Indicator Reporting

Sub-objective:	1. Enabling environment					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
1.1.1. % of notified TB cases, all forms, contributed by non-NTP providers (i.e., private/non-governmental facilities)	Type of health facility and state	Quarterly	41% (859/2120) (2014)	2% increase based on the baseline	46% (1175/2573) 80% of the health facilities provided reports during period as compared to 74% in previous quarter, resulting in a 26% increase in TB case, all forms, from the baseline by non-NTP	Reported by HFs supported by AAA, Caritas Torit (CDOT), IMC, and Missionaries facilities Despite improvement, most of the TB HFs from Greater Upper Nile region could not provide the report due to insecurity in the region

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan, and implement interventions	N/A	Annually	0=not available	1=draft available	0=not available	Operational plan will be derived from National TB Lab Strategy Plan, which will be developed in Q3
2.2.1. #/% of laboratories enrolled in EQA for smear microscopy	States, counties	Quarterly	30 laboratories	65 laboratories	43% (38/87) laboratories	6 out of 10 states participated in EQA, with the exception of Great Upper Nile and WES because they could not transport slides due to ongoing insecurity
2.2.2. #/% of laboratories showing adequate performance in external quality assurance for smear microscopy	States, counties	Quarterly	93% 28/30 laboratories	55 laboratories	68% (26/38) laboratories	The number of TB labs participating in the EQA
2.2.6. #/% of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality	National	Annually	0% (0/1)		100% (1/1)	Juba reference laboratory

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
improvement program (e.g., Laboratory Quality Management System)						
2.2.7. Number of Global Laboratory Initiative (GLI)-approved TB microscopy network standards met	National, intermediate	Annually	2 GLI-approved standards (July 2015)	3 GLI-approved standards	3 GLI-approved standards met by end of December 2015	Additional standards will be achieved after the planned STTA in April 2016
2.3.1. Percent of bacteriologically confirmed TB cases that are tested for drug resistance with a recorded result	New, previously treated	Quarterly	6.7% (52/781) of previously treated patients nationally (Dec 2014)	15% of previously treated patients nationally	6% (244/4019) new TB cases tested were tested for drug resistance 5% were retreatment cases during the period of Jan–Dec 2015	In the previous quarter, 9.35% (73/780) was reported, but results were revised after data verification Expectation for the reporting period was not met due to stock-out of Xpert cartridges
2.3.9 # of samples transported for GeneXpert testing	States, counties	Quarterly	55 (July 2015)		505 from Oct 16–Mar 16 samples transported in Year 2 CTB	Only 4 states out of 10 participated

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
3.1.1. #/% of cases notified by setting (e.g., private sector, pharmacies, prisons) and/or population (e.g., gender, children, miners, urban slums) and/or case finding approach	States, counties	Quarterly	57% (4666/8222) in targeted states of CES, WES, and EES (2014)	Increase of 10% from the baseline	91% (1,300/1,421) TB cases notified in CTB targeted states—CES, EES, and WES—during the reporting quarter A great achievement compared to previous quarter due to increase in HF reporting rate; contact investigation activities; and trained HCWs able to identify and diagnose TB cases	12 labs were integrated to provide TB services and supplied with starter kits, and reporting tools will be provided in Q3 Assessment findings of private health facilities were shared and training on basic TB planned in Q3
3.1.4. # of MDR-TB cases detected	States, counties	Quarterly	4	20	17 RR-TB cases diagnosed by Xpert and 3 MDR-TB cases detected from Jan–Dec 2015	The MDR-TB cases include RR-TB cases (presumed to be MDR-TB) detected through GeneXpert testing and culture/DST
3.1.20. # of contacts diagnosed with TB and enrolled on treatment	States, counties	Quarterly	28 (bacteriologically confirmed) contacts diagnosed with TB and enrolled on treatment (Sept 2015)	5% increase from the baseline	In the period Oct 15 – Mar 16, 119 TB cases (17 bacteriologically confirmed and 102 other forms) have been diagnosed and put on treatment through contact tracing; this is an increase of 264% compared to baseline for all forms of TB Children 0-14 years account for 6.7% of all forms of TB	Insecurity in Morobo County during the report period hindered mobilizers in tracing index patients, hence all the patients registered come from remote villages
3.1.13. #/% of presumptive TB patients referred by community referral systems	Gender	Quarterly	182 (Sept 2015)	Increase of 10% above the baseline	448 presumptive cases (93 through community mobilization and 335 from contact tracing) in the period Oct 15 – Mar 16); this is an increase of 246% from the baseline (the data is not segregated by age)	Data is not segregated by age group and includes cases referred through community mobilization activities and contact tracing by community mobilizers; however, validation of data through CTB delayed due to insecurity
3.2.1. #/% of TB cases successfully treated (all forms) by setting (e.g.,	States, counties	Quarterly	54.6% (2019/3698) CES 54.6%, WES 47.6%, EES 59.3%	80% by the end of the year	Treatment success rates in Q2 CTB area as follows: • Overall for CTB target	Average is above the end of year target, though insecurity in WES and EES has affected the treatment outcomes in these

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
private sector, pharmacies, prisons) and/or by population (e.g., gender, children, miners, urban slums)					area is 82% (893/1,091) • CES 86% (690/803) • EES 66% (109/164) • WES 76% (94/124)	locations
3.2.4. # of MDR-TB cases initiating second-line treatment	States, counties	Quarterly	0 (2014)		0	MDR-TB treatment guideline in the development process. The TA was provided by WHO from April 4-19, 2016. Draft circulated for comment. Number of MDR-TB patients in the country to date is 43 CTB is mapping MDR-TB and will initiate contracting to educate family members and collect samples for Xpert testing once cartridges are procured
3.2.7. #/% of MDR-TB cases successfully treated	States, counties	Quarterly	N/A		0	No MDR-TB treatment is available in the country
3.2.20. #/% of health facilities providing CB-DOTS services	States, counties	Quarterly	31% (38/120)	45% (55/120)	58% (70/120)	The results are for the 3 target states TB service has been integrated in 9 PHCCs and DOTS services being provided

Sub-objective:	5. Infection control					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
5.2.3. #/% HCWs diagnosed with TB during reporting period	Type of health facility, gender, age	Annually	0 (July–Sept 2015)	5% increase of new TB cases compared to baseline	1.3 % (2/152) 1 male and 1 female diagnosed from PHCCs in Juba and Lainya counties	Plan to scale up the coverage after roll out of TBIC in Q3

Sub-objective:	6. Management of latent TB infection					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**

Sub-objective:	6. Management of latent TB infection					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
6.1.11. # of children under the age of 5 years who initiate IPT	Gender, age, states	Quarterly	0 (2014)		0	The data is not routinely reported but CTB will start the provision of IPT in Q3 in target states once childhood guidelines have been developed through support of GF
6.1.2. % of eligible persons completing LTBI treatment, by key population and adherence strategy	Gender, age	Quarterly	0	50% (250/500)	**0**	CTB is waiting for clear guidelines from NTP on use of IPT for eligible groups

Sub-objective:	7. Political commitment and leadership					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
7.2.3. % of activity budget covered by private sector cost share, by specific activity	States, counties at CTB sites	Annually	N/A	TBD	Not measured	This will be measured at the end of the year

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
8.1.3. Status of National Stop TB Partnership	National level	Annually	0 (July 2015)		Not measured	This will be measured at the end of the year
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	Local partner	Annually	N/A	TBD	Not measured	This will be measured at the end of the year
8.2.1. GF grant rating	N/A	Annually	B1 Adequate	A2 Meets expectations	Not measured	This will be measured at the end of the year

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
10.1.4. Status of electronic recording and	States, counties	Annually	2 = patient/case-based ERR system	2 = patient/case-based ERR system	4 = patient/case-based ERR system implemented in pilot or select sites	Dr. Micah (Consultant) has been contacted, plan to conduct training for

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
reporting system			implemented in pilot or select sites (TB)	implemented in pilot or select sites (TB)	(TB) 3 in Juba County and 1 in Yei County	County TB Focal Person in CES, and set up server at the national level in June
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	N/A	Annually	No (July 2015)	N/A	Not measured	This will be measured by the end of the year
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)	CTB geographic areas	Annually	N/A	TBD	Not measured	This will be measured by the end of the year
10.2.7. Operational research findings are used to change policy or practices (e.g., change guidelines or implementation approach)	National	Annually	Yes (2014)	Yes	4 abstracts have been submitted to the 47th Union Conference on Lung Health in Liverpool on: 1. Contact investigation among smear positive TB patients who were successfully treated in Yei, Lainya, and Morobo Counties. The intervention started in July 2015 with the plan to complete OR by July 2016 2. Surveillance for MDR-TB among new and re-treatment TB cases and people living with HIV by using GeneXpert testing in South Sudan 3. TB detection rates through community mobilization versus household contact investigation in Rural South Sudan 4. A comparative study of using auramine O in LED	

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
					microscopy with Ziehl-Neelsen in diagnosis of pulmonary TB at Munuki PHCC, Juba, South Sudan	

Sub-objective:	11. Human resource development					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
11.1.3. # of HCWs trained, by gender and technical area	Gender	Quarterly	146 (trained and mentored)		105 (88 males, 17 females) HCWs have been trained from Oct 15–Mar 16	• 18 (15 male, 3 female) lab technicians were trained on LED microscopy in Western Bahr el Ghazal/Wau and CES/Juba • 29 (27 male, 2 female) county TB focal persons and lab technicians were trained on smear microscopy, EQA, and reporting tools • 19 (12 male, 7 female) HF staff were mentored on the use of treatment protocols in 17 newly established TB treatment centers (PHCCs and PHCUs) in CES and EES • 39 (34 male, 5 female) HHPs, community mobilizers, and nurses were trained on basics of TB and contact investigation in IDP camp in Lakes State and PoC in UN House in Juba
11.1.5. % of USAID TB funding directed to local partners	CTB country project budget	Annually	9% (215000/2502000)	14% (200000/1371000)	Not measured	This will be measured at the end of the year